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LNGS | LUKAS,
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June 26, 2014

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2014
SI Wireless, LLC (SAC 269036)
WC Docket No. 10-90**

Dear Secretary Dortch:

SI Wireless, LLC (SAC 269036 in Wisconsin), by its counsel, hereby submits its FCC Form 481 -- Carrier Annual Reporting Data Collection Form -- pursuant to Sections 54.313 and 54.422 of the Commission's Rules.

The FCC Form 481 has been filed with the Universal Service Administrative Company ("USAC").

A copy of the enclosed FCC Form 481 is also being submitted to the state regulatory commission.

Please contact the undersigned if you have any questions.

Sincerely,

Robert S. Koppel

David L. Nace
Robert S. Koppel

Attorneys for:
Airadigm Communications, Inc.

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0086 OMB 3060-0619 Avg. Burden Estimate per Respondent: 20 Hours
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<010>	Study Area Code	269036
<015>	Study Area Name	SI Wireless, LLC
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Jason Narrell
<035>	Contact Telephone Number: Number of the person identified in data line <030>	405-209-8094
<039>	Contact Email: Email of the person identified in data line <030>	jnarrell@mymobilienation.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			<i>(check box when complete)</i>	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <i><-- check box if no outages to report</i>			
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0		
<420>	Mobile	0		
	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0		
<450>	Mobile	0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	See Attachment.	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	See Attachment.	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	See Attachment.	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		<input type="checkbox"/>
<2005>		<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		<input type="checkbox"/>
<3005>		<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 April 2014

<010>	Study Area Code	269036
<015>	Study Area Name	SI Wireless, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	405-209-8094
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) No
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

Name of Attached Document (.pdf)

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
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<010>	Study Area Code	269036
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	405-209-8094
<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilization

[illegible]

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

April 2014

<010> Study Area Code 269036

<015>	Study Area Name	SI Wireless, LLC
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<020> Program Year	2015
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<030> Contact Name - Person USAC should contact regarding this data	Jason Narrell
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<035>	Contact Telephone Number - Number of person identified in data line <030>	405-209-8094
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<039> Contact Email Address - Email Address of person identified in data line <030> jnarrell@mymobilenation.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

[illegible]

(800) Operating Companies and Affiliates Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
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<010>	Study Area Code	269036
<015>	Study Area Name	SI Wireless, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
<035>	Contact Telephone Number - Number of person identified in data line <030>	405-209-8094
<039>	Contact Email Address - Email Address of person identified in data line <030>	jinarrell@mymobilenation.com
<810>	Reporting Carrier	SI Wireless, LLC d/b/a MobileNation
<811>	Holding Company	
<812>	Operating Company	SI Wireless, LLC

[illegible]

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

April 2014

<010>	Study Area Code	269036
<015>	Study Area Name	SI Wireless, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Narrell
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.mymobilenation.com>

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:


- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 April 2014

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<039> Contact Email Address - Email Address of person identified in data line <030>	jnarrell@mymobilenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ginger Johnstone</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Reporting Carrier: SI Wireless, LLC	
Signature of Authorized Officer: 	Date: <u>6/25/14</u>
Printed name of Authorized Officer: Jason Narrell	
Title or position of Authorized Officer: Chief Financial Officer	
Telephone number of Authorized Officer: 631-256-7100	
Study Area Code of Reporting Carrier: 269036	Filing Due Date for this form: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: SI Wireless, LLC	
Name of Authorized Agent or Employee of Agent: Ginger Johnstone	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: Ginger Johnstone	
Title or position of Authorized Agent or Employee of Agent: Paralegal	
Telephone number of Authorized Agent or Employee of Agent: 703-584-8678	
Study Area Code of Reporting Carrier: 269036	Filing Due Date for this form: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

SI Wireless, LLC

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

SI Wireless, LLC (“SI Wireless”) has reviewed the service quality and consumer protection practices which it follows in connection with its provision of voice and broadband services. SI Wireless hereby certifies that it is in compliance with the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

SI Wireless, LLC

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."¹ Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"² in connection with their provision of voice and broadband services.

SI Wireless, LLC ("SI Wireless") hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice and broadband services.

SI Wireless has deployed sufficient power generators throughout its network and also has the capability to deploy temporary microwave facilities quickly to the extent necessary for its network to remain functional during emergencies. These generators and microwave facilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) SI Wireless will be able to reroute traffic around damaged facilities; and (3) SI Wireless will be capable of managing spikes in traffic resulting from emergency situations.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

SI Wireless, LLC

Line 1010 – Voice Services Rate Comparability

SI Wireless, LLC only provides mobile wireless service. It does not provide fixed voice service. Therefore, a description of fixed voice service rate comparability is not applicable.